



SALT RIVER COMMUNITY CHILDREN'S FOUNDATION

Contribution Request Form

Request is for at least one of the following (Check Box):

- ☐ Education / Education Attainment or Enrichment
- ☐ Health / Health Related Programs (Including Sports)
- ☐ Special Needs Services / Programs
- ☐ Arts and Culture
- ☐ Youth Leadership

Leave Blank – To Be Completed by SRCCF

Request No.: _____
Date Received: _____
Received by: _____

CONTACT INFORMATION

Date Submitted: _____

Name of Youth(s) or Organization: _____

Tax ID # (if an Organization): _____

Mailing Address of Youth(s) or Organization:

Street _____ City _____ State _____ Zipcode _____

Contact Name: _____ Relationship to Youth(s): _____

Phone: _____ Fax: _____ Email: _____

YOUTH INFORMATION

Number of Community youth(s) to be served by this request: _____

If an Organization, percentage of enrolled SRPMIC youth(s) to be served by this request: _____

| NAME OF PARTICIPATING YOUTH | AGE | SRPMIC ENROLLMENT NO. | ARE YOU THE PARENT / LEGAL GUARDIAN (Y/N)? |
|-----------------------------|-----|-----------------------|---|
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Has a youth listed above (or your Organization) received funding from the Salt River Community Children's Foundation in the current SRPMIC Fiscal Year (October 1 – September 30)? **(Check Box)** ☐ Yes ☐ No

If yes, please provide the following information:

| WHEN | FOR WHAT PURPOSE | AMOUNT | REPORT DONE (Y/N)? |
|------|------------------|--------|-----------------------|
| | | | |
| | | | |
| | | | |

FINANCIAL INFORMATION

Total Amount Requested: _____ **Date Needed By:** _____

Briefly describe what the funds will be used for (purpose must align with the box checked on top of this form):

List fund raising efforts, personal payments, contributions from other organizations, or explain financial hardship:

Required Attachments (Check Applicable Box to Confirm Submittal):

☐ **Detailed Invoice or Quote**

Must submit an invoice or quote which accounts for all funds being requested. Must equal the Total Amount Requested.

☐ **Current Academic Grades For the Youth**

Must submit current academic grades for the youth who is to benefit from this request, if of school age, indicating a quarter or semester grade average of a C or better (or its equivalent). SRCCF may consider extenuating circumstances and either waive the grade average requirement or submission of this information where deemed appropriate.

☐ **Written Statement From the Youth**

Must submit a Statement from the youth who is to benefit from the request (where age and ability appropriate) explaining how the funds would benefit them.

☐ **Any Additional Information Explaining / Supporting the Contribution Request**

☐ **Organizations Only – Copy of §7871(a)(1)(A, B, & C) or §501(C)(3) Determination Letter** (if formally organized)

NOTICE TO APPLICANT

1. All requestors who are awarded funding by the SRCCF must submit a final report detailing the outcome of the proposed project and how the funds were used. Failure to submit a final report will impact eligibility for future funding.
2. Photos are not required but are highly encouraged and accepted.
3. Photos and names of youth and programs may be used for SRCCF outreach purposes. *
4. Please be apprised that where an individual previously misused SRCCF funds or falsified information in the request, the individual will not be eligible to apply for future funding through the SRCCF.

By signing below, I confirm that the information contained in this request is correct to the best of my knowledge. Furthermore, (Check One) ☐ I agree / ☐ I do not agree, that photos and name of youth(s) may be used for SRCCF outreach purposes.

Signature

Date

Return Completed Contribution Request Forms to:

Salt River Community Children's Foundation
ATTENTION: Elisabeth Thomas c/o Office of the General Counsel
10005 E. Osborn Road, Two Waters, Bldg A Ste-302
Scottsdale, AZ 85256

Phone: (480)362-7444

Email: SRCCF@SRPMIC-nsn.gov